

FPPC (M) 21/02  
Minutes 03 - 20

**NHS GREATER GLASGOW AND CLYDE**

**Minutes of the Meeting of the  
Finance, Planning and Performance Committee  
held on Tuesday 15 June 2021 at 9.30 am  
via Microsoft Teams**

**PRESENT**

Mr Simon Carr (in the Chair)

Prof John Brown CBE	Mr Alan Cowan
Mr Allan MacLeod	Mr Ian Ritchie
Ms Anne-Marie Monaghan	Rev John Matthews OBE
Ms Jacqueline Forbes	Ms Dorothy McErlan
Ms Susan Brimelow OBE	

**IN ATTENDANCE**

Dr Jenifer Armstrong	..	Medical Director
Ms Sandra Bustillo	..	Director of Communications and Public Engagement
Mr William Edwards	..	Director of eHealth
Mrs Jane Grant	..	Chief Executive
Ms Jennifer Haynes	..	Corporate Services Manager - Governance
Ms Fiona Mackay	..	Associate Director of Planning
Mrs Anne MacPherson	..	Director of Human Resources and Organisational Development
Ms Fiona McEwan	..	Assistant Director of Finance, Financial Improvement and Performance
Mr Tom Steele		Director of Estates and Facilities
Mr Mark White	..	Director of Finance
Mr Arwel Williams	..	Director Diagnostics and Regional Services
Ms Gillian Duncan	..	Secretariat (Minutes)

			<b>ACTION BY</b>
<b>3.</b>	<b>WELCOME AND APOLOGIES</b>		
	Mr Simon Carr welcomed those present to the meeting which combined Members joining via Microsoft Teams and a socially distanced gathering of some members within the Board Room of JB Russell House.		

			<b>ACTION BY</b>
	Apologies were noted on behalf of Mr Jonathan Best, Professor Linda de Caestecker, Dr Margaret McGuire and Ms Elaine Vanhegan.  <b><u>NOTED</u></b>		
<b>5.</b>	<b>DECLARATIONS OF INTEREST</b>		
	The Chair invited Committee members to declare any interests in any of the items to be discussed. No declarations were made.  <b><u>NOTED</u></b>		
<b>6.</b>	<b>MINUTES OF PREVIOUS MEETING</b>		
	<b>a) Minutes of Meeting held 30 March 2021</b>  The Committee considered the minutes of the meeting which took place on 30 March 2021 [Paper No. FPPC(M) 21/01] and were content to approve this as an accurate record..		
<b>7</b>	<b>MATTERS ARISING</b>		
	<b>a) Rolling Action List</b>  The Committee reviewed the items detailed on the Rolling Action List [Paper No. 21/01].  The Committee were content to close the six items on the Rolling Action List.  There were no further Matters Arising raised.  <b><u>APPROVED</u></b>		
<b>8.</b>	<b>URGENT ITEMS OF BUSINESS</b>		
	Mr Carr asked the Committee if there were any urgent items of business that were not on the agenda.  Mrs Jane Grant, Chief Executive, advised that NHSGGC had been de-escalated to Level 2 on the NHS Scotland Performance Management Framework in respect of performance. This would be announced to the full Board at its meeting on 29 <sup>th</sup> June 2021.		

			<b>ACTION BY</b>
	<p>She advised that NHSGGC remained at Level 4 in terms of Infection Control.</p> <p>The Committee were content to note this positive update.</p> <p><b><u>NOTED</u></b></p>		
<b>9.</b>	<b>FINANCE UPDATE MONTH 12</b>		
	<p>The Committee considered the paper Finance Update Month 12 [Paper No. 21/02] presented by Mr Mark White, Director of Finance. This paper provided the Committee with the month 12 financial position for 2020/21, the position with the Financial Improvement Programme (FIP) and the current outlook into 2021/22.</p> <p>Mr White confirmed that the Board had met its financial targets for 2020/21, achieving a small surplus of £0.5 million. This would now be subject to approval through the Internal Audit process.</p> <p>Mr White said that although this was a positive outcome, the underlying recurring deficit had increased from £60 million to £90 million and a key priority for 2021/22 was to reduce the deficit. Mr White confirmed that work was underway with budget holders on this</p> <p>Mr White advised that the financial position in the six HSCPs was also positive. He said that there had been additional tranches of income received by the HSCPs but much of this had come later in the financial year and it had been difficult for this to be spent before the year end. It was therefore projected that the IJB reserves would increase from £70 million to £180 million. However, he advised that much of this was already earmarked.</p> <p>Mr White advised that the FIP Monitoring Board was due to meet on 13<sup>th</sup> June 2021 and would receive presentations from Project Directors on their proposed savings plans and he would share these with the Committee if that would be helpful. Mr Carr asked if the Committee could receive a presentation on the FIP and this would be arranged for the August meeting.</p> <p>Mr White was asked about the impact the IJB reserves would have on service delivery and the pace of change and whether there would be any the impact future funding. He was also asked if their general reserves had increase. Mr White advised that the majority of the increase was due to the earmarked funding, most of which related to COVID-19 related spend and had come in</p>		Mr White

		<b>ACTION BY</b>
	<p>during the last quarter of the financial year. Mr White advised that the IJBs had still to formally report their year end figures and take these through their Committee structures for agreement and he would report further on this in August.</p> <p>In response to a question asking if the Committee would consider scrutiny of the six annual reports from the IJBs when these were available, Mr Carr said that he would reconvene the meeting of the six Board IJB leads and invite Mr White and Mrs Grant to come along to this to discuss this further.</p> <p>Mr White assured the Committee that although the IJBs were responsible for setting their own budgets there were regular meetings between the NHS and the IJBs where financial decisions were discussed.</p> <p>Mr White outlined the capital position. He advised that this was as predicted but additionally the Board had received £14.5 million to purchase the Glasgow Royal Infirmary (GRI) car park and despite a complex negotiation this had been completed by the end of the financial year. Mr Tom Steele, Director of Estates and Facilities, added that his understanding was that the Scottish Government would make a statement on this shortly.</p> <p>The Committee asked to see a more detailed position on projected capital receipts going forward and Mr White would bring the three year plan to the next meeting.</p> <p>Mr White said the initial outlook for next year was still uncertain as the impact and costs of COVID-19 remained challenging with vaccination and test and protect being areas of high spend. However, he advised that the current projected funding gap of £19 million was comfortable.</p> <p>The Committee were content to note the 2020/2 revenue and capital position and capital and the initial outlook for financial year 2021/22.</p> <p><b><u>NOTED</u></b></p>	<p>Mr White</p> <p>Mr Carr</p> <p>Mr White</p>
<b>10.</b>	<b>PERFORMANCE REPORT</b>	
	<p>The Committee considered the paper Performance Report [Paper No. 21/03] presented by Mr Mark White, Director of Finance. Mr White asked the Committee to note the Board's performance in relation to a number of high level key performance indicators outlined in the respective Remobilisation Plans. He said that the</p>	

		ACTION BY
	<p>paper outlined the position at the end of March 2021 on Remobilisation Plan 2 (RMP2) and the position at the end of May 2021 on Remobilisation Plan 3 (RMP3).</p> <p>Mr White reported that up to the end of March 2021, there were 7 green, 1 amber and 2 red against the key performance indicators set out in RMP2 which was a reasonable level of performance. During April and May 2021, there were 6 green and 4 red against the RMP3 targets and work was underway to improve these.</p> <p>Mr White said that patients were being kept fully up-to-date and this was discussed with the Scottish Government to ensure the message was consistent across Scotland.</p> <p>Mr White said it was predicted that outpatients would be back to 80% of pre-COVID levels by the end of the summer and NHSGGC had exceeded the trajectory in April and May.</p> <p>Mr White advised that reducing waiting lists and the length of waits was a significant area of focus.</p> <p>In terms of scope activity, Mr White advised that NHSGGC had exceeded the RMP2 target with positive performance to date against the RMP3 milestone but there had been a significant increase of patients on the waiting list. Imaging activity had also exceeded the RMP2 targets and remained positive against the RMP3 milestones and there had also been an increase in the number of patients on the waiting list.</p> <p>Mr White advised that the management of cancer patients remained a clinical priority</p> <p>Mrs Grant said that orthopaedics and endoscopy were the biggest challenges and detailed plans were being developed for both of these specialties. The detail of these plans would report through the Acute Services Committee.</p> <p>In response to a query about imaging, Mr White clarified that the activity reported related to images taken but he assured the Committee that NHSGGC was in a positive position with the turnaround time for scanning and reporting currently at 6 weeks.</p> <p>In response to a query about building capacity into the system for the long-term, Mrs Grant advised that prior to the pandemic some specialties had been looking at capacity and demand. However, there was now a considerable backlog in the elective programme and it was important to be realistic about the timeframe for elective capacity to return to pre-COVID-19 levels as this was a</p>	

OFFICIAL SENSITIVE

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	<p>complex picture and there was also the potential for a third wave of COVID-19.</p> <p>In response to a query about the use of remote outpatient consultations, Mrs Grant advised that a programme of work was underway to increase the number of these with further investment in training and support. She acknowledged that some services were better suited to remote consultations than others and any barriers were being worked through with Consultants.</p> <p>Mr William Edwards, Director of eHealth, agreed and said that the number of remote consultations continued to grow from 2% of appointments prior to the pandemic to 34% now. He advised that the IT infrastructure was in place and eHealth were supporting and helping specialties to implement this. Work was also going on to create a virtual consultation hubs and realtime dashboards.</p> <p>Mr White reported that A&amp;E performance had been at 91.9% up to the end of March 2021 then at 91.8% over the last two months. He advised that NHSGGC was consistently in the top three performing Boards in Scotland but attendances were increasing which would prove challenging.</p> <p>Mr White reported that reducing the number of Delayed Discharges remained a key priority.</p> <p>Mr White advised that there had been a significant improvement in compliance with GP Out of Hours (OOH) shifts. In response to a query about when the new model for OOH would be finalised, Mrs Grant advised that this was in progress and would come to the October meeting of the Committee for approval.</p> <p>There was a query in relation to referral routes and the flow of patients into acute services from primary care. It was agreed that Mr White would ask Ms Lorna Kelly, Interim Director of Primary Care, would be asked to work with the Chief Officers to produce a paper outlining any key issues in primary care.</p> <p>Mr Carr asked for his thanks to be recorded to Ms Susan Manion, Interim Director of GP Out of Hours Service, and Dr Kerri Neylon, Deputy Medical Director for Primary Care, for their work on improving the Out of Hours Service.</p> <p>In response to a query about the reasons for the increase in A&amp;E attendances, Mrs Grant said this was difficult to analyse as activity tended to increase in the summer months but there would be an analysis of some of the busier days to see if there was any common traits.</p>	<p>Mr White</p>

		<b>ACTION BY</b>
	<p>Mr White advised that there had been an increase in demand for Psychological Therapies and CAMHS which were slightly behind target but detailed improvement plans were in place to address these.</p> <p>Mr Carr asked if there was any further work that could be undertaken in terms of Delayed Discharges, particularly in relation to Adults with Incapacity (AWI).</p> <p>Mrs Grant advised that there had been discussions with the sheriff court to see if this could be expedited, particularly in Glasgow City. She also advised that an Away Day had been planned to look share information on local practice and test any areas of good practice across the system. It was agreed that a further update on this would be provided at the August meeting and Dr Margaret McGuire, Nurse Director, and Ms Susanne Millar, Chief Officer, Glasgow City HSCP, would be asked to come and speak to the Committee on this issue.</p> <p>Mr Carr advised that he had asked for AWI and Delayed Discharges to be a specific agenda item on the Glasgow City IJB and he would also ask the IJB Network Leads meeting to discuss how there can be improved strategic focus at IJB level on reducing Delayed Discharges.</p> <p>Mr White asked the Committee for feedback on the format of the performance report. Mr Carr advised that the report was too detailed and he would speak to Mrs Grant, Ms Vanhegan and Mr White separately about ensuring the content of the report was appropriate for the Committee. Mrs Grant advised that the Assurance Framework was in the process of being concluded and this would help ensure the appropriate information was produced for each Committee.</p> <p>The Committee were content to note the Performance Report.</p> <p><b>NOTED</b></p>	<p>Secretariat</p> <p>Mr Carr</p>
<b>11.</b>	<b>COVID-19 UPDATE</b>	
	<p>Mrs Jane Grant, Chief Executive, provided a brief verbal update on the current position in relation to COVID-19.</p> <p>Mrs Grant reported that Greater Glasgow and Clyde was currently at approximately 146 cases per 100,000. She advised that despite the increase in cases, the current impact on Acute</p>	

			<b>ACTION BY</b>
	<p>Services was modest with approximately 48 cases in hospital, 4 in ITU and 6 in HDU.</p> <p>Mrs Grant advised that the vaccination programme was going well and discussion had taken place on bringing forward the second dose to 8 weeks for the younger population. She advised that a mix of drop-in and booked appointments were available and while there had been some queues for drop-in appointments, which was to be expected, she confirmed that there were sufficient staff available to deliver the vaccine and sufficient supplies of the vaccine.</p> <p>Mrs Grant advised that test and protect and contact tracing was becoming increasingly important and there had been a significant increase in contact tracing as the number of cases had risen.</p> <p>Overall, Mrs Grant reported that there was still a considerable amount of work ongoing in relation to COVID-19 and the situation was reviewed on a daily basis.</p> <p>In response to a query about the European Championship fanzone, Mrs Grant provided assurance that the fanzone had confirmed as meeting the current regulations.</p> <p>In response to a question about the uptake rate of the vaccination in specific groups, Mrs Grant confirmed that work on this was underway. She advised that younger people were now able to self-register and this had been promoted widely. She advised that vaccination clinics in the Glasgow Central Mosque were continuing and tailored engagement was also underway with specific minority groups to provide information and ease of access to vaccination.</p> <p>The Committee were content to note the update.</p> <p><b>NOTED</b></p>		
<b>12a)</b>	<b>QEUH UPDATE</b>		
	<p>The Committee considered the paper Performance Report [Paper No. 21/04a] presented by Mr Tom Steele, Director of Estates and Facilities. The paper updated the Committee on the position regarding the Queen Elizabeth University Hospital and the Royal Hospital for Children.</p>		

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	<p>Mr Steele advised that the Public Inquiry timescales had been announced by Lord Brodie and the first hearing would commence on 22<sup>nd</sup> June which would be a procedural hearing with the first substantive hearing commencing on 20<sup>th</sup> September. These first hearings would focus on the experience of the patients and their families.</p> <p>Significant activity was underway to respond to the information request received in February on the three priority areas:</p> <ul style="list-style-type: none"> <li>- Adequacy of ventilation, water contamination and other matters adversely impacting on patient safety and care.</li> <li>- Governance and Project Management</li> <li>- Effects of the issues identified on patients and their families.</li> </ul> <p>A site visit by Lord Brodie and his team would take place on Wednesday 23 June 2021.</p> <p>There was regular dialogue with the Central Legal Office and the Project Management Office was providing the information for the legal claim and the public inquiry.</p> <p>In terms of the legal claim, Mr Steele advised that the hearing that had initially been scheduled for June 2021 had been moved to the end of July and that would establish the principle on the 5 year timebar. A further summons had been served on Multiplex at the end of April 2021 in relation to the cooling system.</p> <p>Mr Steele advised that the work on Ward 2A and 2B was expected to be completed soon and a detailed plan including engagement with families would be put in place prior to reopening the wards.</p> <p>Mr Steele advised that dialogue was ongoing with the Health and Safety Executive around the Improvement Notice.</p> <p>In response to a question, Mr Steele confirmed that the remedial work was not dependent on the outcome of the legal process. He advised that a plan for the remedial work and funding was in place and a process was underway to identify a partner to work with the Board.</p> <p>In conclusion, Mr Steele reported that significant activity continued across all of the strands of this work.</p> <p>The Committee were content to note the update.</p> <p><b>NOTED</b></p>	

			<b>ACTION BY</b>
<b>12b)</b>	<b>QEUH ACTION PLAN</b>		
	<p>Mrs Jane Grant, Chief Executive, advised the Committee that the Scottish Government had established the Advice, Assurance and Review (AARG) Group which replaced the Oversight Board Structure. The first meeting had taken place on 7 June 2021 chaired by Professor Amanda Croft, Chief Nurse, Scottish Government.</p> <p>The meeting had accepted the Board's Action Plan and Mrs Grant provided a detailed presentation to the Committee that outlined the actions and progress on these to date. Mr Edwards also presented detailed information on eHealth and data management.</p> <p>Mrs Grant said that this was a significant priority for the organisation and the presentation gave a sense of the size and complexity of the work that was ongoing. She advised that the AARG had provided positive feedback about the Action Plan and the work that was underway.</p> <p>The AARG had also agreed the terms of reference for the group and a further meeting date was set.</p> <p>Mr Carr thanked Mrs Grant and Mr Edwards for the comprehensive presentation and asked how the Finance Planning and Performance Committee could best scrutinise this work and receive the right level of assurance. Mrs Grant suggested a regular presentation to the Committee on what actions had been completed while highlighting areas of concern by exception.</p> <p>In response to a query about the governance of the Action Plan, Mrs Grant said that there were a number of different levels of action and it was important to ensure that that governance Committees were sighted on the significant and challenging recommendations. Professor Brown agreed and said that he would expect the NHS Board to take assurance on progress from the Finance, Planning and Performance Committee but some of the more significant recommendations would be delegated to specific governance Committees for scrutiny.</p> <p>In response to a question about Duty of Candour, Dr Armstrong advised that the policy was out for consultation within NHSGGC and work was also underway with the Infection Control Team on a checklist on ensuring compliance with the policy. This would go</p>		

			<b>ACTION BY</b>
	<p>to the Clinical and Care Governance Committee in August and be shared with the Scottish Government thereafter.</p> <p>The Committee were content to note the update and were assured by the work on the recommendations that had been undertaken to date.</p> <p><b>NOTED</b></p>		
<b>12c)</b>	<b>QEUH TIMELINE</b>		
	<p>Mr Tom Steele, Director of Estates and Facilities, provided a presentation which outlined a high level chronology of events on the timeline of the issues beginning from the handover of the Queen Elizabeth University Hospital and the Royal Hospital for Children in 2015. Mr Steele advised that there was a significant amount of detailed information that had been distilled this into the timeline.</p> <p>Dr Armstrong advised that she had some comments on the slides and she would provide these separately to Mr Steele.</p> <p>Mr Carr thanked Mr Steele for the comprehensive presentation which illustrated the complexity of the situation. He said the Committee had previously requested the timeline and this had been particularly helpful, especially for new members.</p> <p>The Committee was content to note the update.</p> <p><b>NOTED</b></p>		
<b>13.</b>	<b>REMOBILISATION PLAN</b>		
	<p>The Committee considered the paper Remobilisation Plan [Paper No. 21/05] presented by Dr Jennifer Armstrong, Medical Director.</p> <p>Dr Armstrong advised that the Remobilisation Plan (RMP3) covered the period from April 2021 to March 2022. She said that she had given a detailed presentation on this complex, cross-system piece of work at the recent Board Seminar.</p> <p>Dr Armstrong said that the Scottish Government had written to NHS Boards in December 2020 setting out areas that needed to have a focus in this plan which built on RMP1 and RMP2 and also linked to the Board's objectives. She reported that the RMP3 had been agreed by the Scottish Government.</p>		

			ACTION BY
	<p>In response to a query about the oversight of the HSCP property strategy outlined in the document, Mr Steele advised that the pilot study in Renfrewshire HSCP had been concluded and would now be worked through with the other HSCPs. #</p> <p>In response to a query about engagement and communication, Dr Armstrong clarified that there had been engagement on specific areas through the Patient Experience Public Involvement team, for example, in relation to new services, and also through the MFT engagement group. Ms Bustillo confirmed that work had been taken forward with individual services as new models of care were introduced.</p> <p>Ms Bustillo also provided assurance that significant work had been ongoing for some time with Dr Armstrong and her team to ensure that NHSGGC was ready to promote the content of RMP3 in an easy to follow format after it had been formally approved by the NHS Board at its meeting on 29 June 2021.</p> <p>In response to a query about ensuring the Workforce Strategy was given the same priority as other strategies in the RMP3, Mrs MacPherson confirmed that the Scottish Government had prioritised workforce in RMP3 but the NHSGGC Workforce Strategy had only been approved by the Board in April and the RMP3 had been submitted prior to this. Mrs MacPherson assured the Committee that connections would be made in the action plans.</p> <p>Dr Armstrong was asked if these priorities now superseded the Board's first quarter priorities that had been produced before the RMP3 and Operational Plan was available. Dr Armstrong advised that the priorities had been mapped to the corporate objectives to ensure there was no deficit in the priorities but Mrs Grant and Dr Armstrong would review these to provide assurance that all priorities had been captured.</p> <p>The Committee were content to approve the RMP3 which would go to the NHS Board on 29 June 2021 for approval.</p> <p><b><u>APPROVED</u></b></p>		
14.	<b>AUDIT OF REMOBILISATION PLAN</b>		
	<p>The Committee considered the paper Internal Audit – Remobilisation Planning [Paper No. 21/06] presented by Mr Mark White, Director of Finance.</p>		

			<b>ACTION BY</b>
	<p>Mr White advised that NHSGGC's significant and substantial work over the past 12 months to plan the remobilisation of health services after the pandemic had been recognised by the internal auditors and the paper set out areas where good practice had been identified along with some areas where minor improvement was required. Mr White asked the Committee to note the audit report and the management actions outlined in the report.</p> <p>The Committee were content to note the report.</p> <p><b>NOTED</b></p>		
<b>15.</b>	<b>RADIONUCLIDE DISPENSARY</b>		
	<p>The Committee considered the paper Radionuclide Dispensary [Paper No. 21/07] presented by Mr Arwel Williams, Director Diagnostics and Regional Services.</p> <p>Mr Williams advised the Committee that the paper set out the case for change to create a modern radiopharmacy facility to continue the manufacture and distribution of radiopharmaceutical medicines. The facility currently dispensed 35,000 doses annually to NHSGGC and other Boards in the West of Scotland. Mr Williams advised that the current facility was nearing its lifespan and was located on the former Western Infirmary site that was now owned by the University of Glasgow.</p> <p>Mr Williams reported that a number of options for replacement had been considered and the preferred option was to replace the facility like-for-like on a different site and, as the costs would exceed £10 million, he asked the Committee to approve the submission of the Initial Agreement to the Scottish Government Capital Investment Group. If this bid was supported, then an Outline Business Case (OBC) and Full Business Case (FBC) would be prepared. If approved, it was expected that construction would commence in October 2022 with completion in October 2023.</p> <p>Mr Williams advised that there would be no significant increase in revenue costs to NHSGGC. He acknowledged that there would be some estates and capital costs which would be fully set out at the OBC and FBC stage.</p> <p>Mr Williams confirmed that this proposal had been approved by the Acute Capital Group and the Corporate Management Team before coming to the Finance, Planning and Performance Committee.</p>		

			<b>ACTION BY</b>
	<p>The Committee were content to approve the submission of the Initial Agreement to the Scottish Government Capital Investment Group.</p> <p><b>APPROVED</b></p>		
<b>16.</b>	<b>PROPERTY DISPOSALS</b>		
	<p>The Committee considered the paper Proposal for Disposal of Greenock Health Centre – Offer Consideration [Paper No. 21/08] presented by Mr Mark White, Director of Finance. Mr White asked the Committee to approve the proposed offer for Greenock Health Centre. He advised that which there was no requirement for the Committee to approve this transaction but it was best practice to seek approval for complex disposals.</p> <p>Mr White advised that there had been bids submitted for the property from two parties and the Board's Property Adviser had recommended that Offer 2B outlined in the paper was progressed as this offered the best return and minimised risk to the Board.</p> <p>Mr White provided assurance that this had been fully assessed by the Board's external advisors who were confident this was the best offer.</p> <p>The Committee was content to approve progressing the proposed offer.</p> <p><b>APPROVED</b></p>		
<b>17.</b>	<b>CORPORATE RISK REGISTER</b>		
	<p>Mr Mark White, Director of Finance, provided a brief verbal update on the work that was underway to comprehensively review the Board's Corporate Risk Register.</p> <p>He advised that the updated Corporate Risk Register would go to the Audit and Risk Committee on 22<sup>nd</sup> June 2021. Thereafter, each Committee would be asked to approve those risks allocated to them and confirm the risks that were being removed from the Corporate Risk Register. The risks associated with the Finance, Planning and Performance Committee would come to the August meeting for approval.</p> <p>The Committee were content to note the update.</p>		Mr White

			<b>ACTION BY</b>
	<b>NOTED</b>		
<b>18.</b>	<b>ANNUAL CYCLE OF BUSINESS</b>		
	<p>The Committee considered the paper Annual Cycle of Business [Paper No. 21/09].</p> <p>The paper provided an update to the Committee on the approach to Standing Committee work planning and presented the first draft Annual Cycle of Business Template for the Finance, Planning and Performance Committee.</p> <p>The Committee were content to approve the Annual Cycle of Business and noted that this approach would be rolled out to all Standing Committees moving forward as part of the implementation of Active Governance.</p> <p><b>APPROVED</b></p>		
<b>19.</b>	<b>CLOSING REMARKS AND KEY MESSAGES FOR THE BOARD</b>		
	<p>Mr Carr thanked Committee members and those presenting papers for the constructive discussion and provided a brief overview of the key messages that would be reflected in the minute:</p> <ul style="list-style-type: none"> <li>- NHSGGC had been de-escalated to Level 2 on the NHS Scotland Performance Management Framework for performance</li> <li>- The Board had achieved financial balance in 2020/21.</li> <li>- There would be a presentation on FIP at the August meeting of the Committee.</li> <li>- A further update on IJB reserves would come to the August meeting.</li> <li>- A more detailed update on projected capital receipts would come to the August meeting.</li> <li>- A considerable amount of work was underway to meet the performance targets.</li> <li>- An update on Delayed Discharges would be provided to the next meeting particularly in relation to Adults with Incapacity (AWI).</li> </ul>		

			<b>ACTION BY</b>
	<ul style="list-style-type: none"> <li>- The number of cases of COVID-19 was increasing but the impact on hospital admissions remained low and this was being monitored closely.</li> <li>- The Committee QEUH and RHC Action Plan had been agreed with the Scottish Government and all the work that was underway.</li> <li>- The Remobilisation Plan would now go to the June Board meeting for formal approval.</li> <li>- The submission of the Radionuclide bid to the Scottish Government Capital Investment The disposal of Greenock Health Centre was approved.</li> <li>- The Annual Cycle of Business was approved.</li> </ul> <p>Mr Carr thanked Members for attending and closed the meeting.</p>		
<b>20.</b>	<b>DATE AND TIME OF NEXT SCHEDULED MEETING</b>		
	The next meeting would be held on Tuesday 10 August 2021 at 9.30 am, via MS Teams.		